

**COMMITTEE OF HEARING AID DEALER EXAMINERS**

**STUDENT HEARING AID DEALERS LICENSURE PACKET (SHAD)**

This packet should contain the following information:

- 1.) Two (2) pages of instructions and information
- 2.) A three (3) page application form

If this packet does not include all of the above documents, please contact the Indiana Professional Licensing Agency at (317) 234-2064 or email us at [pla5@pla.in.gov](mailto:pla5@pla.in.gov).

**PLEASE NOTE THAT YOU CAN OBTAIN A COPY OF OUR STATUTES AND RULES ON OUR WEBSITE LOCATED AT <http://www.in.gov/pla/had.htm>.**

**INSTRUCTIONS AND INFORMATION**

Before completing and submitting your application to the Indiana Professional Licensing Agency, please read all instructions and information included with this packet. If you have any questions, please contact the Indiana Professional Licensing Agency at (317) 234-2064 or send an email to [pla5@pla.in.gov](mailto:pla5@pla.in.gov). For additional information, please visit our website at [www.pla.in.gov](http://www.pla.in.gov).

**AGENCY ADDRESS**

Indiana Professional Licensing Agency  
Attn: HAD Committee  
402 West Washington Street, Room W072  
Indianapolis, IN 46204

**THE FAIR INFORMATION PRACTICE ACT**

In compliance with IC § 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

**MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER**

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on this application is mandatory for the purpose of complying with IC § 25-1-5-8 and IC § 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Indiana Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for Committee of Hearing Aid Dealer Examiners to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

**Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable and non-transferable (*Outlined in IC 25-1-8-2(e)*).**

## **LICENSURE AS A STUDENT HEARING AID DEALER (SHAD)**

### **COMPLETION OF THE APPLICATION PROCESS**

An application shall be considered abandoned if the applicant does not complete the requirements for registration within one year from the date on which the application was filed. An application submitted subsequent to an abandoned application shall be treated as a new application.

### **SHAD CERTIFICATE OF REGISTRATION INFORMATION**

The student hearing aid dealer certificate of registration shall expire one (1) year from the date of its issuance or the certificate may be reissued for one (1) additional year or of the discretion of the Board. A student hearing aid dealer certificate of registration may be cancelled upon the written request of the responsible hearing aid dealer sponsor.

### **STUDENT INFORMATION**

A certificate of registration shall only be issued to a student applicant who is employed or directly supervised in the fitting of hearing aids by a registrant holding a valid registration. The student hearing aid dealer certificate of registration will include the name of dealer and an acknowledgement that the registered hearing aid dealer is responsible for all acts of the student registrant in connection with the fitting and dispensing of hearing aids.

**PLEASE NOTE:** The student shall fit or dispense hearing aids only pursuant to the direction of and under the supervision of the sponsoring hearing aid dealer.

### **SPONSOR INFORMATION**

In order to sponsor a student hearing aid dealer, the sponsor must hold a current registration as a hearing aid dealer issued by the Committee of Hearing Aid Dealer Examiners.

**PLEASE NOTE:** No hearing aid dealer sponsor shall employ, commission, engage or otherwise assume the responsibility for more than three (3) student dealers at any one (1) time, unless approved in writing by the Committee.

### **AFFIDAVIT**

If you answer "Yes" to any of the three (3) questions on the application, you must explain fully in a signed and **notarized** affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date, and disposition. Letters from attorneys or insurance companies are not accepted in lieu of your statement.

### **INSTRUCTIONS FOR COMPLETING YOUR SHAD APPLICATION**

**SHAD:** Applicants must complete and sign pages 1 and 2 of the application. Page 3 must be forwarded to your hearing aid dealer sponsor.

**SPONSOR:** Sponsors must complete and sign page 3 of the application.

**FEE:** Applicants must submit a twenty dollar (\$20.00) application fee to the Indiana Professional Licensing Agency. This fee may be submitted by cash, check or money order. Please make checks or Money orders payable to IPLA. **ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

**PLEASE NOTE: YOU MAY NOT BEGIN YOUR SHAD UNTIL YOUR APPLICATION HAS BEEN APPROVED AND YOUR REGISTRATION NUMBER HAS BEEN ISSUED.**

### **REQUEST FOR HAD REGISTRATION APPLICATION PACKET**

When you wish to apply for a full registration as a hearing aid dealer, please contact our office for an application packet at 317-234-2064, via email at [pla5@pla.in.gov](mailto:pla5@pla.in.gov) or by submitting a written request to the address listed on page one (1) of these instructions.